

ADULT VOLUNTEER APPLICATION

(please print legibly)



Date: _____

Name: _____

Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Email: _____

Days/Times Available (circle days and write times beneath):

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Do you have any physical restrictions? _____

Do you have any special skills (computers, languages, etc.)? _____

Things you would like us to know about you: _____

Please check the types of volunteer work that are of interest to you:

- _____ Straightening and edging shelves, making sure books are in order
- _____ Making phone calls to patrons who have available holds
- _____ Searching shelves for materials
- _____ Book sales
- _____ Other (please specify below)